

| | |
|---|--|
| FCC Form 481 - Carrier Annual Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------|
| <010> Study Area Code | 351251 |
| <015> Study Area Name | MEDIAPOLIS TEL CO |
| <020> Program Year | 2017 |
| <030> Contact Name: Person USAC should contact with questions about this data | Angie Rupe |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 3193943456 ext. |
| <039> Contact Email Address: Email of the person identified in data line <030> | arupe@mtctech.net |
| Form Type | 54.313 and 54.422 |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

| | | |
|-------|---|--|
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

351251_IA_112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| |
|----------------|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Not Applicable |

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<210> For the prior calendar year, were there any reportable voice service outages? No

Page 3

| | |
|---|--|
| (300) Unfulfilled Service Request Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

| | |
|---|---|
| <300> Unfulfilled service request (voice) | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">0</div> |
|---|---|

| | |
|----------------------------------|--|
| <310> Detail on attempts (voice) | <div style="border-bottom: 1px solid black; width: 100%;"></div> Name of Attached Document |
|----------------------------------|--|

| | |
|---|---|
| <320> Unfulfilled service request (broadband) | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">0</div> |
|---|---|

| | |
|--------------------------------------|--|
| <330> Detail on attempts (broadband) | <div style="border-bottom: 1px solid black; width: 100%;"></div> Name of Attached Document |
|--------------------------------------|--|

| | |
|--|--|
| (400) Number of Complaints per 1,000 customers Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice | |
| <410> | Complaints per 1000 customers for fixed voice | 0 . 0 |
| <420> | Complaints per 1000 customers for mobile voice | |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband | |
| <440> | Complaints per 1000 customers for fixed broadband | 0 . 0 |
| <450> | Complaints per 1000 customers for mobile broadband | |

| | | |
|--|--|---|
| (500) Compliance With Service Quality Standards and Consumer Protection Rules | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |

| | | |
|-------------------|--|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |
| <500> | Certify compliance with applicable service quality standards and consumer protection rules | Yes |
| 351251_IA_510.pdf | | |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance | |

| | |
|---|--|
| (600) Functionality in Emergency Situations Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 351251_IA_610.pdf |

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |
| <810> | Reporting Carrier | Mediapolis Telephone Company |
| <811> | Holding Company | Mediapolis Telephone Company |
| <812> | Operating Company | Mediapolis Telephone Company |

[illegible]

| | |
|--|--|
| (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | |
|---|-------------------|
| <010> Study Area Code | 351251 |
| <015> Study Area Name | MEDIAPOLIS TEL CO |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | arupe@mtotech.net |

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select Yes or No or Not Applicable |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 351251_IA_1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 351251_IA_1030.pdf

Name of Attached Document

| | |
|--|--|
| (1100) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

| | |
|--|--|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

351251_IA_1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP www.mtctech.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

| | |
|---|--|
| (2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

| | | |
|--|--|--|
| <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support | | <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> |
| <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support | | <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> |
| <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. | | <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> |
| <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only. | | <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> |
| <2024A> Round 2 Recipient of Incremental Support? | | <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> |
| <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only. | Name of Attached Document Listing Required Information | <div style="border: 1px solid black; height: 60px; width: 100%; margin-bottom: 10px;"></div> |
| <2025A> Round 1 or Round 2 Recipient of Incremental Support? | | <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> |
| <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13- | Name of Attached Document Listing Required Information | <div style="border: 1px solid black; height: 60px; width: 100%; margin-bottom: 10px;"></div> |
| <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4) | | <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> |

(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

| | |
|--|--|
| (3005) Rate Of Return Carrier Additional Documentation Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| | | | |
|---------|--|--|--|
| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | | |
| (3010A) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} | Yes - Attach Certification | |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information | 351251_IA_3010.pdf |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | No - No New Community Anchors | |
| (3012B) | Please Provide Attachment | Name of Attached Document Listing Required Information | |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | (Yes/No) | <input checked="" type="radio"/> <input type="radio"/> |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) | <input checked="" type="radio"/> <input type="radio"/> |
| (3015) | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input checked="" type="checkbox"/> |
| (3016) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | <input checked="" type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | 351251_IA_3017.pdf |
| (3018) | If the response is no on line 3014, is your company audited? | (Yes/No) | <input type="radio"/> <input type="radio"/> |
| (3019) | If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or | | <input type="checkbox"/> |
| (3020) | (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | <input type="checkbox"/> |
| (3021) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3022) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | |

REDACTED - FOR PUBLIC INSPECTION

LINES 3027-3034

LINES REDACTED IN ENTIRETY

| | |
|--|---|
| (4005) Rural Broadband Experiment Additional Documentation Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|---|

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

| | | |
|---|--|--|
| 4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | |
|---|--|--|

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

| | | |
|--|--|--|
| 4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. | Name of Attached Document Listing Required Information | |
|--|--|--|

| | | |
|--|--|--|
| 4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. | Name of Attached Document Listing Required Information | |
|--|--|--|

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------|
| <010> Study Area Code | 351251 |
| <015> Study Area Name | MEDIAPOLIS TEL CO |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: MEDIAPOLIS TEL CO | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/24/2016 |
| Printed name of Authorized Officer: Angie Rupe | |
| Title or position of Authorized Officer: Office Manager | |
| Telephone number of Authorized Officer: 3193943456 ext. | |
| Study Area Code of Reporting Carrier: 351251 | Filing Due Date for this form: 07/01/2016 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------|
| <010> Study Area Code | 351251 |
| <015> Study Area Name | MEDIAPOLIS TEL CO |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: ext. | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent Firm: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Name of Authorized Agent Employee: | |
| Title or position of Authorized Agent or Employee of Agent | |
| Telephone number of Authorized Agent or Employee of Agent: ext. | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

REDACTED - FOR PUBLIC INSPECTION

ATTACHMENT - LINE 112

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF Mediapolis Telephone Company
Reporting Period January 1 – December 31, 2015

Sec.54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Mediapolis Telephone Company hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Mediapolis Telephone Company follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are annual notices to customers on matters related to customer privacy. Mediapolis Telephone Company has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify the foregoing is true and correct. Executed on June 24, 2016

 /s/ William R. Malcom

William R. Malcom
General Manager & CEO
Mediapolis Telephone Company

CERTIFICATION OF Mediapolis Telephone Company
Reporting Period January 1 – December 31, 2015

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, Mediapolis Telephone Company hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Mediapolis Telephone Company is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Mediapolis Telephone Company has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. Mediapolis Telephone Company's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Mediapolis Telephone Company has redundancy in its network for use in re-routing traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 24, 2016.

/s/ William R. Malcom

William R. Malcom
General Manager & CEO
Mediapolis Telephone Company

REDACTED - FOR PUBLIC INSPECTION

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 351251

| | | |
|-------|-----------------|-------------------|
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
|-------|-----------------|-------------------|

<020> Program Year 2017

| | | |
|-------|---|------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
|-------|---|------------|

<035> Contact Telephone Number - Number of person identified in data line <030> 3193943456 ext.

| | | |
|-------|---|-------------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |
|-------|---|-------------------|

<701> Residential Local Service Charge Effective Date

1/1/2016

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |

[illegible]

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 351251 |
| <015> | Study Area Name | MEDIAPOLIS TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Angie Rupe |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3193943456 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | arupe@mtctech.net |
| <810> | Reporting Carrier | Mediapolis Telephone Company |
| <811> | Holding Company | Mediapolis Telephone Company |
| <812> | Operating Company | Mediapolis Telephone Company |

[illegible]

CERTIFICATION OF Mediapolis Telephone Company
Reporting Period January 1 – December 31, 2015

47 CFR 54.313(a)(10) Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Mediapolis Telephone Company hereby certifies that the pricing of its voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau.

On April 5, 2016, Public Notice DA 16-362, WC Docket No. 10-90, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECS in urban areas is \$21.93. MTC's voice service rates are less than two standard deviations in relation to the applicable 2016 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 24, 2016.

/s/ William R. Malcom

William R. Malcom
General Manager & CEO
Mediapolis Telephone Company

CERTIFICATION OF Mediapolis Telephone Company**Reporting Period January 1 – December 31, 2015****47 CFR 54.313(g) – Broadband Services Rate Comparability**

Pursuant to 47 CFR 54.313(g) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's broadband services is no more than two standard deviations above the applicable national average urban rates for broadband service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The following table was published in the FCC's Public Notice, WC Docket No. 10-90, DA 16-362, released April 5, 2016. The table provides the 2016 benchmark for a number of different broadband service offerings.

| Download Speed (Mbps) | Upload Speed (Mbps) | Usage Allowance (GB) | Benchmark |
|--------------------------|------------------------|-------------------------|-----------|
| 10 | 1 | 100 | \$71.40 |
| 10 | 1 | 250 | \$75.99 |
| 10 | 1 | Unlimited | \$77.80 |
| 25 ⁹ | 5 | 250 | \$95.08 |
| 25 ¹⁰ | 5 | Unlimited | \$96.89 |

I verify that the foregoing is true and correct. Executed on June 24, 2016.

/s/ William R. Malcom

William R. Malcom
General Manager & CEO
Mediapolis Telephone Company

Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.*

***NOTE:**

A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: February 2016



Courtesy of:

**The Iowa Communications Alliance,
Iowa Utilities Board,
and
_____, your Local
Communications Provider**

135 percent of federal poverty guidelines

(As of January 25, 2016)

| Number of people living in home | Household Income (at or below) |
|---------------------------------|--------------------------------|
| 1 | \$16,038 |
| 2 | \$21,627 |
| 3 | \$27,216 |
| 4 | \$32,805 |
| 5 | \$38,394 |
| 6 | \$43,983 |
| 7 | \$49,586 |
| 8 | \$55,202 |
| For each additional person | Add \$5,616 |

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **Federal law requires your telecommunications provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.**

For questions, please call your local telecommunications provider.



Company Name: _____

Iowa Lifeline Assistance Certification Form

*The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will be securely retained and will not be shared.**

(PLEASE PRINT)

Name:

(Last)

(First)

(Middle)

Residential Address: (may not be a P.O. Box)

(Street)

(Apt. #)

(City)

(State)

(Zip)

Check one below:

☐ Permanent Address

☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? _____ Yes _____ No

Billing Address (if different than Residential Address):

(Street)

(City)

(State)

(Zip)

Telephone number or existing account number: _____

Date of Birth:(mm/dd/yyyy)_____ **Last 4 digits of Social Security #:** _ _ _ _

Please answer the following questions:

1. Are you or anyone in your household currently participating in any of the following programs?
(Check one & attach documentation*)

☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)

☐ Supplemental Nutrition Assistance

☐ Supplemental Security Income (SSI)

☐ Federal Public Housing Assistance Section 8

☐ Low-Income Home Energy Assistance Program (LIHEAP)

☐ Temporary Assistance to Needy Families Program (TANF)

☐ National School Lunch Program (NSL) Free Lunch Program; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?
_____ Yes _____ No (*Proof of income is required)

If yes, how many persons are in your household? _____

3. Are you or anyone else in your household currently receiving any Lifeline telephone assistance from any other wireline or wireless telephone provider?
_____ Yes _____ No

**Federal law requires your telecommunications provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.*

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- ☐ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ☐ I understand that the individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- ☐ I understand that a household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- ☐ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ☐ I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ☐ I agree to provide documentation of my eligibility, when required to do so.
- ☐ By participating in this government program, I agree to allow my provider to give my full name, full residential address, date of birth and the last four digits of my social security number to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- ☐ I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- ☐ I understand that I may not transfer my service to any other individual.
- ☐ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ☐ I understand that I must notify my telecommunications provider within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline service, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit, and that I may be subject to penalties if I fail to do so.
- ☐ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- ☐ I understand completion of this certification form does not constitute immediate acceptance into this program.
- ☐ I have been advised by my new carrier that if I am currently receiving Lifeline benefits from another carrier, I agree to discontinue receiving that other carrier's benefit and instead receive my one Lifeline benefit on this account.

Signature _____ Date _____

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone # Associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits card ☐ Income Statement ☐ Other _____

Identifying Information of Document Submitted: _____

Documentation Expiration date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: _____ Date Reviewed: _____

CERTIFICATION OF Mediapolis Telephone Company
Reporting Period January 1 – December 31, 2015

Section 54.313(f)(1)(i) Milestone Certification

Pursuant to § 54.202(a) Mediapolis Telephone Company (MTC) certifies that it has taken reasonable steps to provide, upon reasonable request, broadband service at actual speeds of 10 Mbps downstream / 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time. MTC will continually provide service as requested to new residential and business structures within its service territory as long as it can cost-effectively extend a voice and broadband-capable network to that location requesting service. In determining cost-effectiveness, MTC considers anticipated end-user revenues as well as federal universal service funding. MTC views unreasonable requests as those which the incremental cost of undertaking the necessary upgrades to the location exceed the revenues that could be expected.

I verify that the foregoing is true and correct. Executed on June 24, 2016.

/s/ William R. Malcom

William R. Malcom
General Manager & CEO
Mediapolis Telephone Company

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 3017

ATTACHMENT REDACTED IN ENTIRETY